

This Form is for INTERNAL PTO USE ONLY
It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: _____

Total Fee Calculation

| Fee Code | Total # Claims | Number Extra | X | Fee | Fee | = | Total |
|-------------------------|----------------|--------------|----------------|------------|------------|---|------------|
| | | | | Sm. Entity | Lg. Entity | = | |
| Basic Filing Fee | <u>201/101</u> | | | | | = | <u>760</u> |
| Total Claims >20 | <u>203/103</u> | <u>23</u> | -20 = <u>3</u> | X | | = | <u>54</u> |
| Independent Claims >3 | <u>202/102</u> | | -3 = | X | | = | |
| Mult. Dep Claim Present | <u>204/104</u> | | | | | = | |
| Surcharge | <u>205/105</u> | | | | | = | <u>130</u> |
| English Translation | <u>139</u> | | | | | | |

TOTAL FEE CALCULATION

944

* Fees due upon filing the application:

Total Filing Fees Due = \$ 944

Less Filing Fees Submitted - \$ _____

BALANCE DUE = \$ _____

Marcia Gordon
Office of Initial Patent Examination

BEST AVAILABLE COPY